

90-16

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF NURSING
EVALUATION FORM
ADULT IMMUNIZATION PROTOCOL(S)

Vaccine(s): _____ Name of Company: _____
 _____ Contact Person: _____
 _____ Position Title: _____
 _____ Telephone/Fax #: _____

EVALUATION CRITERIA	RATING	COMMENTS
Purpose/Objectives of Immunization Program		
Target Population		
Name/Address of Medical Director		
Medical Directive (Signed/Dated)		
Inclusion/Exclusion Screening Criteria		
Informed Consent Form		
Procedural Guidelines: <ul style="list-style-type: none"> • Dosage • Single or Multiple Dose Administration • Injection Site • Vaccine Storage (Temp. Between 35° - 46° F) • Biohazardous Waste Disposal • Universal Precautions 		
Post-Immunization Instructions <ul style="list-style-type: none"> • Minor and Major Side Effects • Waiting Time of Approx. 15 Minutes • Follow-up Care with Primary Doctor 		
Emergency Plan <ul style="list-style-type: none"> • Assessment → CPR → 911 Rescue • Emergency Care Guidelines • Medical Directive • Emergency Supplies/Medications • Appropriate Drugs/Dosages 		
Providers <ul style="list-style-type: none"> • VA Licensure/ Level of Preparation • CPR Certification • Supervision of L.P.N. Provider 		
Resource Personnel/Supervision		
Documentation of Patient Record <ul style="list-style-type: none"> • Date, Vaccine, Inj. Site, Expiration Date, Lot #, Administering Person's Signature 		

RECOMMENDATIONS:

APPROVED: _____

DATE: _____